MAXIMUS Federal Services

Case Number:	CM14-0110942		
Date Assigned:	08/01/2014	Date of Injury:	06/29/1991
Decision Date:	06/16/2015	UR Denial Date:	07/11/2014
Priority:	Standard	Application Received:	07/16/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
State(s) of Licensure: Maryland
Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular Medicine

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker (IW) is a 59 year old female who sustained an industrial injury on 06/29/1991. She reported neck and low back pain as well as pain in both hips and entire body. The injured worker was diagnosed as having neck pain situation post 2 level fusion in the year 2000 and 2004; low back pain, history of L4-5, L4 S1 laminectomy and discectomy in 1993; bilateral hip pain; lumbar MRI from 07/20/ 2011 reads post-operative changes, at L4-L5 and L5-S1; persistent mild right posterior disc bulge; right posterolateral vertebral body spondylosis, but no recurrent herniations; degenerative changes at L2, L3, L3-L4, slightly increased T2 signal and peripheral enhancement in the interspinous space between L3 and L4; and chronic bilateral knee pain. Treatment to date has included surgeries and medication. Currently, the injured worker complains of pain at a level of 8/10 that comes down to a 6/10 with medications. The following medications are requested: Prilosec 20mg #60, Wellbutrin 150mg #60, Norco 10/325mg #120, and Elavil 25mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Wellbutrin 150mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Bupropion (Wellbutrin) Page(s): 16. Decision based on Non-MTUS Citation http://www.drugs.com/drug-interactions/escitalopram-with-wellbutrin-1013-0-440-203.html.

Decision rationale: Wellbutrin 150mg #60 is not medically necessary per the MTUS Guidelines and a review of Wellbutrin online. The MTUS states that Bupropion (Wellbutrin), a second-generation non-tricyclic antidepressant (a noradrenaline and dopamine reuptake inhibitor) has been shown to be effective in relieving neuropathic pain of different etiologies. An online review of medication interactions states that the use of bupropion is associated with a dose-related risk of seizures. The risk may be further increased when coadministered with other agents that can reduce the seizure threshold, including selective serotonin reuptake inhibitors (SSRIs) such as citalopram and escitalopram. The documentation is not clear that the patient has discontinued Escitalopram. It appears that the patient is using both Wellbutrin and Escitalopram together. Furthermore, the patient has not noticed any benefit from Wellbutrin as she stated on the 6/16/14 after being on this medication almost one month. The request for Wellbutrin is not medically necessary.

Norco 10/325mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids: See Opioid hyperalgesia.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Ongoing management Page(s): 78-80.

Decision rationale: Norco 10/325mg #120 is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS states that a satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. The MTUS does not support ongoing opioid use without improvement in function or pain. The documentation reveals that the patient has been on Norco without significant evidence of functional improvement therefore the request for continued Norco is not medically necessary.